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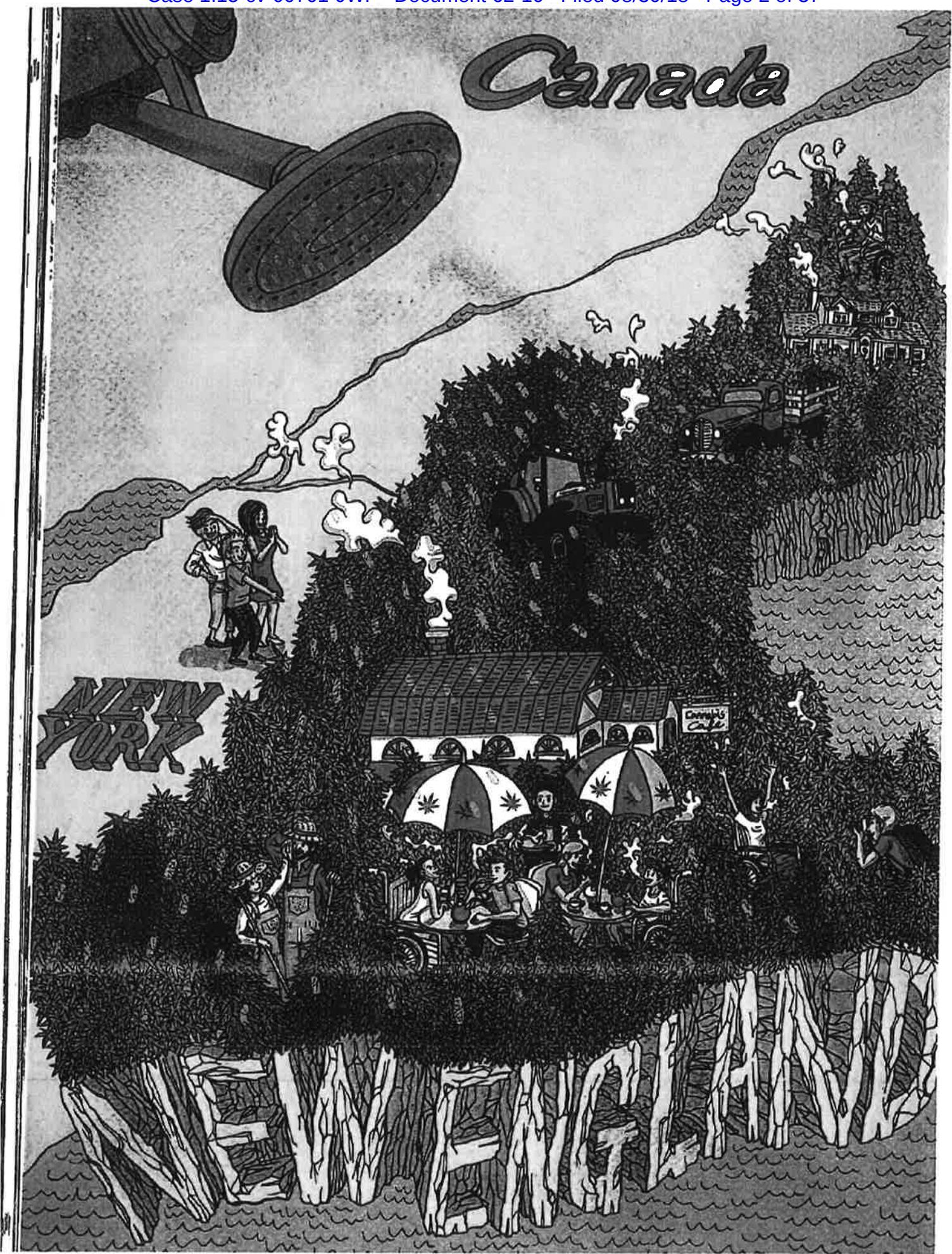
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17 and COUNTING

Despite ongoing opposition from the federal government, medical marijuana continues to advance across the nation—including in Connecticut, the latest state to go green.

Story by Paul Armentano. Illustration by Dongyun Lee

HUpon taking office in 2011, Connecticut's Democratic Gov. Dannel Malloy made it clear that he favored marijuana law reform in the Nutmeg State. And it turns out he wasn't kidding.

Less than two years into his inaugural term, Malloy has already overseen dramatic changes in the way Connecticut addresses cannabis. First, he signed legislation into law reducing marijuana possession from a criminal misdemeanor (punishable by up to one year in jail and a \$1,000 fine) to a non-criminal infraction (still punishable by a fine, but with no arrest, jail time or criminal record). The immediate result: Since the law took effect last July, marijuana arrests have fallen by more than 75 percent statewide.

Then, on June 1, Malloy followed up by approving Public Act 12-55, an Act Concerning the Palliative Use of Marijuana, making Connecticut the 17th state in the nation—and the fourth in New England—to authorize the limited legalization of marijuana for medicinal use.

"For years, we've heard from so many patients with chronic diseases who undergo treatments like chemotherapy or radiation and are denied the palliative benefits that medical marijuana would provide," the governor announced upon the bill's passage. "With careful regulation and safeguards, this law will allow a doctor and a patient to decide what is in that patient's best interest."

Malloy's accomplishments stand in sharp contrast to the legacy of his predecessor, former Republican Governor Jodi Rell. In 2007, Rell vetoed legislation that would have allowed state-registered patients to grow and possess small quantities of cannabis, alleging that a change in the law would "send the wrong message" to young people since so many pharmaceutical options were already available. Lacking the votes to override her veto, local lawmakers and many marijuana law reform advocates all but abandoned efforts to move similar legislation forward—until Governor Malloy was sworn into office. At that point, a coalition of regional and national groups, including the American Civil Liberties Union, Law Enforcement Against Prohibition, Students for Sensible Drug Policy, the newly reconstituted Connecticut NORML, A Better Way

Foundation and others sprung into action.

For Erik Williams, director of Connecticut NORML, the passage of Public Act 12-55 represented the culmination of a proposed five-year plan for marijuana law reform in the state—in a little under two years.

"When I formed Connecticut NORML 18 months ago, I wrote a five-year plan with the goal to decriminalize possession and legalize medical marijuana. I never would have dreamed we could do it as quickly as we did," said Williams, a longtime grassroots organizer who assisted the governor's office in drafting the new law and, along with the chapter's communications director, Peter Angini, generated more than 36,000 phone calls and emails to lawmakers in support of the measure.

The Connecticut Senate's most hardcore prohibitionist, Republican Toni Boucher, predictably led the opposition to the measure, railing against the use of cannabis therapy under any circumstances and alleging that "marijuana is a harmful, Schedule I, federally illegal drug that does not save or improve lives [and] can undermine the seriously ill's best prospect of recovery." Lawmakers were largely unmoved by Boucher's ranting—including a 10-hour filibuster on the Senate floor on the eve of the bill's passage—and ultimately approved the law by a vote of 117 to 64. In fact, the only confirmed consequence of the filibuster was that the bill reached the governor's desk at the unusual hour of 1:30 a.m.

Williams believes that the focus of pro-reform advocates on putting medical cannabis patients and physicians in front of decision-makers helped to stymie Boucher's reefer-madness rhetoric. One such physician was Alan Shackelford, MD, a Harvard Medical School-educated internist and former Harvard Research Fellow who now specializes in medical cannabis evaluations in Colorado. On three separate occasions, Shackelford flew from Denver to Hartford to provide the governor's office and lawmakers with a physician's perspective on the many compelling reasons for approving the medical cannabis legislation. Ultimately, lawmakers found the testimony of patients and doctors to be far more convincing than that of their credibility-challenged opponents. As Shackelford noted: "Once you've looked patients in the eye, the

IT'S A NOR'EASTER!

Long identified with the laid-back West Coast, serious marijuana law reform has been taking New England (and other Northeastern states) by storm.



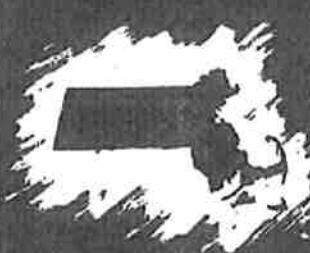
MAINE

Following the passage of a 2009 ballot initiative, Maine lawmakers in 2010 approved language authorizing the creation of up to eight nonprofit medical cannabis dispensaries—one for each of the state's "public health districts." This past May, the last of these facilities finally opened its doors.

To date, Maine is one of only three states in the country to have state-licensed medical marijuana up and running (joining Colorado and New Mexico). Thus far, the operations have drawn virtually no criticism from local politicians or state law enforcement; nor have they been targeted by Justice Department officials on the federal level. Maine voters initially authorized patients to grow and possess cannabis with a doctor's recommendation in 1999.

MASSACHUSETTS

Voters this November will decide on a statewide ballot measure to legalize the use and distribution of medical cannabis to qualified patients. If approved, the measure would allow state regulators to license several dozen dispensaries statewide to produce and dispense marijuana to eligible patients.



Massachusetts' voters have historically backed marijuana law reform measures at the ballot box. In 2008, 65 percent approved a ballot initiative decriminalizing marijuana-possession offenses. Recent statewide polls indicate that voters will continue to maintain their support for legalization come election time, despite opposition from the Massachusetts Medical Society, which is campaigning against the measure.

NEW HAMPSHIRE

New Hampshire House and Senate lawmakers gave final approval in June to Senate Bill 409, which allows for the personal possession, cultivation and use of cannabis for medicinal purposes. More than two-thirds of House lawmakers endorsed the measure, while the Senate voted 13 to 9 in favor of the legislation, which is opposed by the state's Democratic governor, John Lynch. The four-term Lynch, who recently announced that he would not seek re-election in 2012, has historically stood in the way of marijuana law reform in the Granite State, including by publicly speaking out against efforts to decriminalize marijuana-possession offenses. In 2009, Lynch vetoed a proposed medical-marijuana program that would have been among the most restrictive in the nation, claiming that the measure lacked sufficient controls.



efficacy of medicinal cannabis is no longer theoretical—it's personal."

Unfortunately, despite Governor Malloy's signature, questions still remain regarding Connecticut's new law, which takes effect on October 1, 2012, and how effective it will be in meeting patients' needs—starting with the relatively restricted list of qualifying conditions. Illnesses such as cancer, Crohn's disease, epilepsy, glaucoma, HIV, multiple sclerosis, Parkinson's disease, post-traumatic stress disorder and spinal cord injury all qualify, but chronic and neuropathic pain do not (though new conditions may be added pending approval from a soon-to-be-created eight-member Board of Physicians, which will meet twice a year).

Registered patients in Connecticut will be able to obtain a one-month supply of cannabis from state-licensed dispensaries, which are required to keep a licensed pharmacist on staff.

Further, the Nutmeg State's nascent law doesn't explicitly permit qualified patients to privately cultivate their own cannabis—but it doesn't explicitly forbid this activity either. In fact, in an April 2012 story published by *CT.com* and republished nationwide, Michael Lawlor, undersecretary of criminal-justice policy and planning for Gov. Malloy, acknowledged that patients who wish to grow a limited number of plants likely may do so, though he suspects the majority will not. "As a practical matter, most of the people who would use this couldn't be bothered to grow it themselves," Lawlor said.

What the law does specify is that registered patients may obtain a one-month supply of cannabis from state-licensed dispensaries, which are required to keep a licensed pharmacist on staff. Connecticut's law also prohibits dispensaries from obtaining cannabis from any source other than a licensed producer, with no more than 10 permitted statewide. (Thinking of applying for a cannabis producer's license? It will cost you a non-refundable fee of at least \$25,000.)

According to Williams, the law's limitations were a necessary (though far from ideal) compromise to ensure the act's passage. "Connecticut has an opportunity to be a leader in America on this issue," he said. But only time will tell what happens next. *

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IT'S A NOR'EASTER!

continued from page 54

NEW JERSEY

Members of the NORML Legal Committee in April filed suit against the state of New Jersey over regulators' failure to enact even a single provision of the Compassionate Use of Medical Marijuana Act, which was signed into law on January 18, 2010, but has yet to be implemented by the administration of Governor Chris Christie. Named in the suit are Department of Health and Senior Services Commissioner Mary O'Dowd and retired state police lieutenant John O'Brien, the newly appointed director of New Jersey's medical-marijuana program. "We are filing suit to require the DHSS to do what every other citizen must do—follow the law," the attorneys stated upon announcing the suit.

Legislation to decriminalize the non-medical possession and use of marijuana also remains pending in the Garden State. In May, members of the Assembly's Judiciary Committee unanimously backed Assembly Bill 1465, which reduces misdemeanor marijuana-possession offenses to a civil infraction. The measure awaits action from the full Assembly and, if approved, by the Senate.

NEW YORK

By a 90-50 vote, members of the State Assembly approved legislation in June allowing for the limited legalization, production and distribution of cannabis for medicinal purposes. The vote marked the third time that Assembly lawmakers have approved medical cannabis legislation. As of this writing, however, the leadership of the State Senate appears reluctant to allow debate on the issue.

The Senate appears equally unwilling to discuss separate legislation proposed by Governor Andrew Cuomo and backed by an unlikely ally, New York City Mayor Michael Bloomberg, which would decriminalize the possession of marijuana in public view. The governor's proposal came in response to the soaring arrest rates in New York City, which have risen from less than 1,000 in 1990 to more than 50,000 in 2011, with most of those arrested being black or

Hispanic. The *New York Times'* influential editorial board opined in favor of the change, yet Republican Dean Skelos—the majority leader of the State Senate—publicly pronounced the measure dead on arrival, stating: "Being able to walk around with 10 joints in each ear ... I think that's wrong."

RHODE ISLAND

This past May, Governor Lincoln Chafee signed legislation into law authorizing the creation of three state-licensed "compassion centers" to engage in the production and distribution of cannabis for authorized patients. Under the new law, the centers will not be allowed to cultivate more than 150 cannabis plants on their premises at any one time, only 99 of which may be mature. The centers will also be restricted to possessing no more than 1,500 ounces of

usable product at any one time. One other state (New Mexico) imposes similar cultivation caps on state-licensed dispensaries. Chafee said that the imposed statutory limits would lower the likelihood of federal law enforcement officials interfering with the state's implementation of the law. Prior to this, Chafee had actively opposed expanding the Ocean State's six-year-old medical-marijuana law to include the establishment of state-licensed dispensaries.

In June, state lawmakers approved, by a vote of more than 2 to 1, separate legislation decriminalizing the non-medical possession of up to one ounce of marijuana for people 18 years or older. Governor Chafee quickly signed the measure, which takes effect on April 1, 2013, making Rhode Island the 15th state to reduce minor marijuana-possession penalties to a fine-only offense.

VERMONT

In June, state officials began accepting public applications for certificates to operate licensed medical-marijuana dispensaries. Under a 2011 law, the state is mandated to license up to four privately operated dispensaries, which will be required to cap their membership at 1,000 registered patients each—a threshold that far exceeds the total number of registered patients statewide. Vermont lawmakers initially approved the use and cultivation of cannabis for qualified patients in 2004, although, to date, fewer than 500 citizens have registered for the program.

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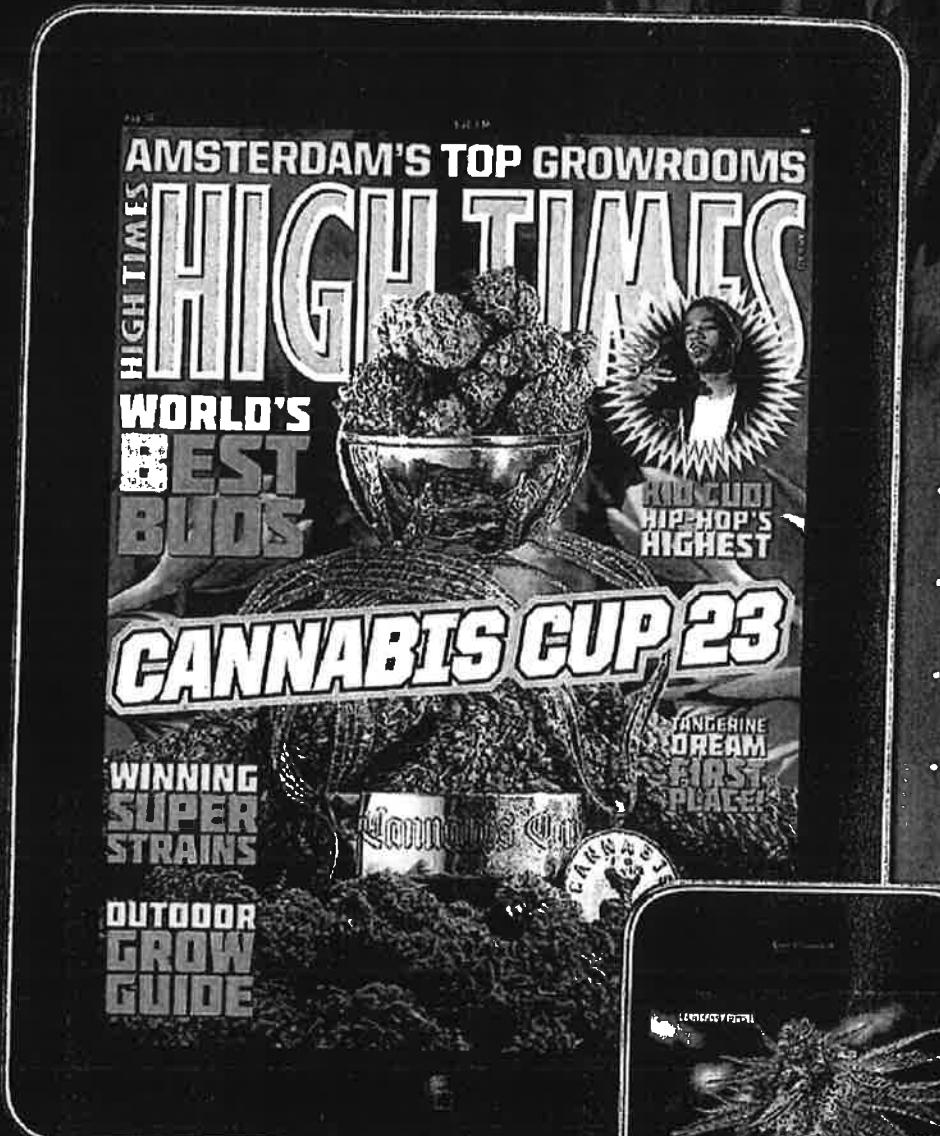


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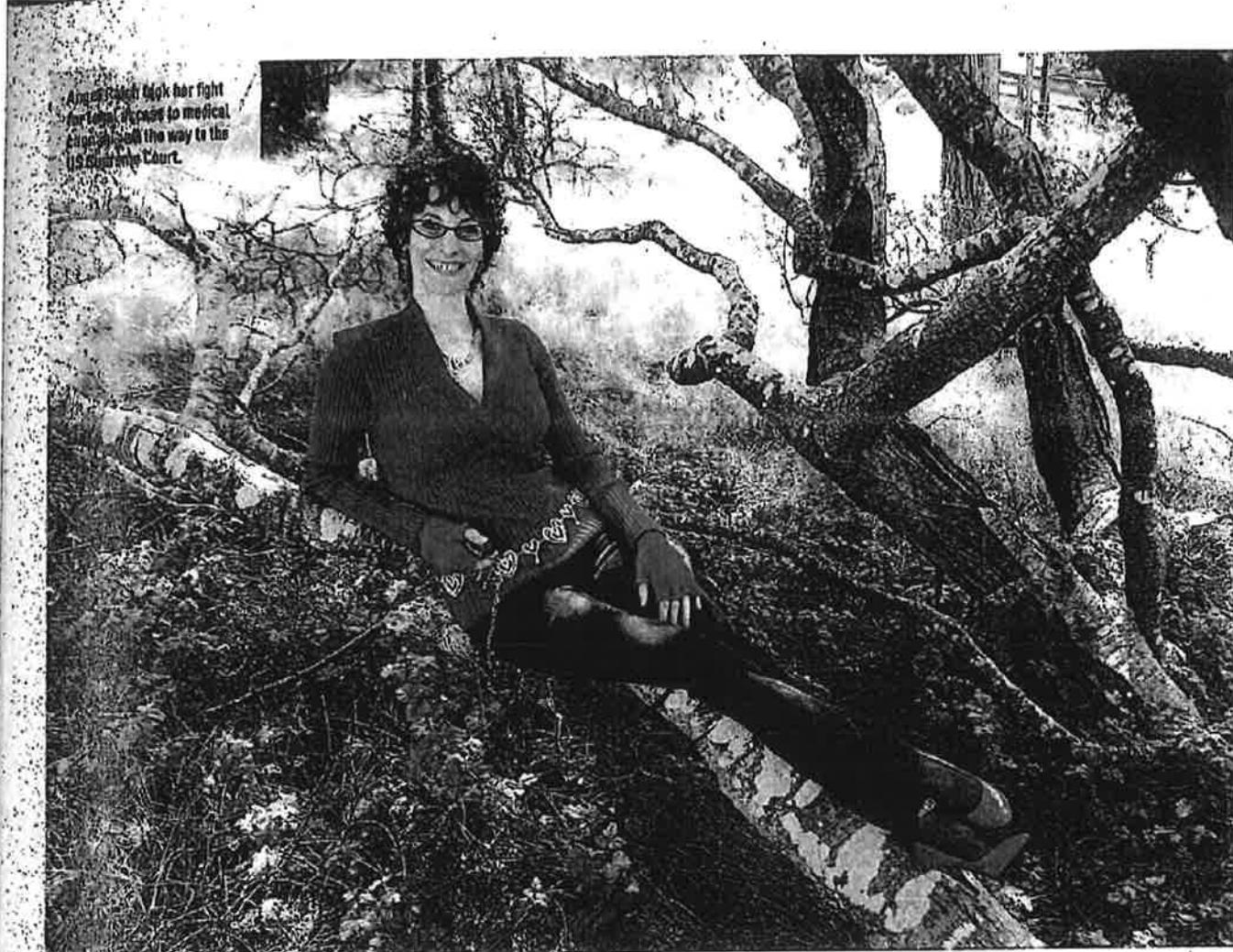
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Angel in Waiting

The High Times Medical Marijuana interview with Angel Raich.

By Murphy Green

When the issue of medical marijuana reached the US Supreme Court in 2005 in a case called *Gonzalez v. Raich*, the majority ruled that a chronically ill woman living in a state that had legalized the medicinal use of cannabis—and was growing her own plants on her own property for her own personal consumption with a doctor's recommendation—was somehow engaged in "interstate commerce." That part of the ruling was key, since the commerce clause of the US Constitution allows the federal government to supersede state law when regulating interstate commerce—and so, as a result, the supposedly conservative high court (many of whose members allegedly support the notion of "states' rights") cleared the government to enforce the Controlled Substances Act against Angel Raich, who suffers from an inoperable brain tumor that causes frequent seizures.

Ever since, Raich and every other medical cannabis patient in America has been left in a kind of legal limbo, caught between

state laws protecting them and a federal government steadfastly committed to prohibition. More recently, the *Raich* case was cited as a key precedent in Supreme Court Chief Justice John Roberts's majority decision upholding the Affordable Care Act (a.k.a. Obamacare) as constitutional.

Prior to that decision, Angel Raich had joined efforts to overturn Obamacare through the courts, citing concerns that it would allow the power of the federal government, via the commerce clause, to run amok. Still, she remains best known as a steadfast supporter of medical marijuana, both as a patient and an activist.

While much progress has been made in extending the rights of medical cannabis patients since Raich's original day in court, her recent disastrous visit to the UCSF Medical Center in San Francisco proves that there hasn't been nearly enough. Following that nightmarish ordeal, Raich agreed to tell *High Times Medical Marijuana* exactly what happened, in her own words.



Why don't we start with an update on your current health situation?

I'm terminal. I have radiation necrosis of the brain, plus a brain tumor, and I'm still suffering complications from surgery I underwent in 2009—after going home, I had a brain blood clot, which led to a stroke. I actually died and came back to life.

According to two brain surgeons, I need brain surgery again right now, but I would not survive it—there were so many complications last time that they don't want to take the risk. And so, since there'll be no brain surgery and radiation necrosis of the brain is not survivable, I'm terminal. I'm also in severe pain 24 hours a day and suffer from seizures to the point where I sometimes stop breathing. I have a "do not resuscitate" order, so they're not allowed to give me CPR. I have chosen to be prepared to leave this world naturally.

How did you end up getting kicked out of the hospital?

It was really kind of crazy. I ended up at UCSF because my brain surgeon of 12 years had left Stanford on a permanent sabbatical, and I didn't trust the brain surgeon that replaced him.

Almost every single doctor I talk to—it

doesn't matter whether it's a brain surgeon, a neurologist, an anesthesiologist or a pain doctor—they all say that it's very difficult to figure out anything to do, because my conditions are so complicated and the MRIs don't show the whole back side of the tumor and necrosis area in the brain. Also, I'm further complicated by the fact

to have a higher quality of life. But I never feel like I've done enough.

What specifically brought you to the hospital that day?

I was having all these really bad seizures that would stop my breathing, and they were trying to figure out whether they're

"My neurologist knew I was a cannabis patient. She admitted me to the hospital and made them aware that my cannabis was going to come in with me."

that I'm on cannabis and could die without it, which means they can't put me in the hospital to do certain treatments, and the fact that I can't take synthetic drugs—so they can't just give me a pill and say, "Okay, she's fixed."

It's worse than I ever let on. I've been hiding from everyone how much pain I'm in. People treat you way different when they think you're disabled ... even people close to you! It hurts, and I am way more sensitive than I show. I got in the habit of showing my strength, not my vulnerability, and I continually push my boundaries daily

pseudo-seizures or epileptic seizures—both of which can be dangerous. A lot of doctors, even specialists, get the two mixed up because they're so similar. With pseudo-seizures, you don't need medication; with epileptic, you do. And one way to tell them apart is the different ways they hit on the wavelength of the brain, as measured by an EEG. So they wanted to run that test, which meant staying in the hospital for three to five days.

My new UCSF neurologist knew I was a cannabis patient. She basically admitted me into the hospital and made them aware

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Feed Your Head

Angel in Waiting



After suffering a harrowing ordeal at the hospital, Angel Raich says cannabis helps her control seizures, relieve pain and cope with her illness.

right-hand side of my bed and told me the hospital pharmacist said that if I use cannabis or even have it in my possession in the hospital, they were going to call the Feds and have me arrested.

And I said, "Excuse me?" And then she tried to quote California law. I said, "Whoa, wait a minute, time out. First of all, you've got me all wired up, I'm about to undergo treatment, so go ahead, call a Fed—I don't care. Second, you may not know me, but my name is Angel Raich, the medical cannabis patient who went to the US Supreme Court. I helped *write* the California medical cannabis laws, and you just quoted the state law improperly."

"At that moment, I really needed my medicine, so I picked up the vapor pen and took a big hit off it. At which point, the doctor started having an absolute fit."

There I am, facing the Grim Reaper, and she tries to threaten me with the Feds. She left and then came back and said she was sorry, but they were going to make me leave. I told that doctor I was already wired up and I was having my treatment. Then I refused to get out of my hospital bed. I could understand a little of how Rosa Parks felt when she refused to move to the back of the bus, because I refused to get off the bed without getting the EEG.

Next thing you know, the head doctor of the floor arrives and says I can't have any cannabis—I have to leave or I'll be arrested by the Feds. And I said, "It's already been *approved*. It's in my records. I'm not breaking any law—in fact, you are, for trying to make me leave."

I'd been there for nearly five hours at that point, and I have to use cannabis every two hours to treat my symptoms. I thought I might be arrested and taken into custody, and that concerned me with my cannabis levels already so low. At that moment, I really needed my medicine, so I picked up the vapor pen and took a big hit off of it. At which point, the doctor started having an absolute fit.

that I was going to bring my vaporizer, and that my cannabis was going to come in with me. After I was checked in, a male doctor arrived and eventually asked to see my cannabis; he wanted to inspect it. I had what's called a vapor pen with cannabis oil in it. Now, even my mom, who *hates* to be around cannabis smoke—man, when I use that pen, she doesn't even notice it.

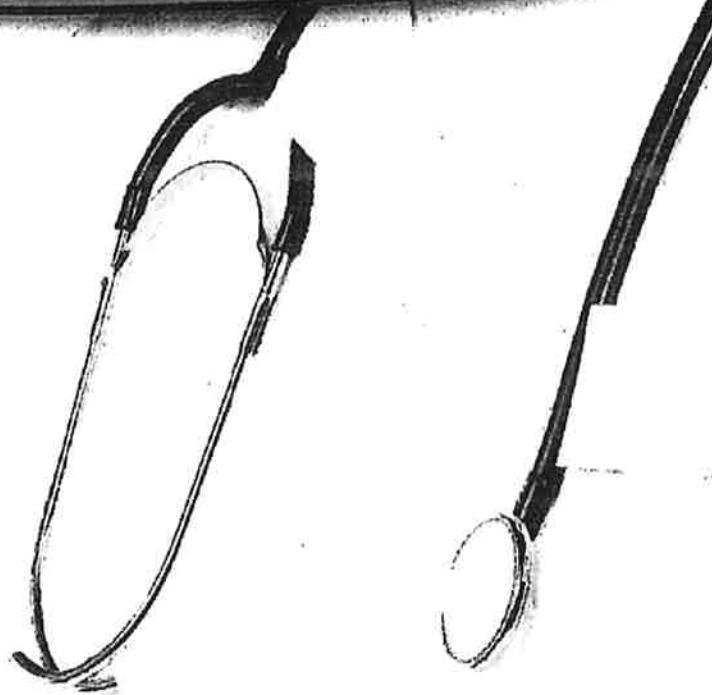
Next, the doctor asked me to demonstrate. He was like, "Oh, that's really neat—I don't smell it." So I explained how the vapor pens are so small, discreet and very patient-friendly, you can use them anywhere because it's not smoke. (Doing my little education, like I always do.) We sat there and chatted about that for a few

minutes, which happens a lot with doctors and nurses; most of them are pretty curious. By now, they all at least know about medical cannabis, but they don't always *sé* it.

At the end, the doctor said, "Okay, great, everything is good to go." At which point, the nurse put me on an IV and started wiring my head up for the EEG. I laid back on what turned out to be a broken inflatable bed and started watching TV while eating snacks, trying to relax.

When did things start to go wrong?
A female doctor, who had been in earlier asking about my "do not resuscitate" order, came back and pulled up a chair on the

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Angel in Waiting

Next, you say a security guard arrived, followed by two UCSF police officers. How did they treat you?

They were just really rude—standing there with their hands on their holsters, telling me I've got to get out of the hospital right now. Earlier, I'd had a chance to call my lawyer, Bill Panzer, and he told me not to get arrested, because I could end up being held without access to my cannabis and I was not well. So I tried to stay calm. I called Jeff Jones and Dale Clare [two well-known cannabis activists in the state] to sound the alarms; Bob Egelko, a reporter from the *San Francisco Chronicle*; and my friend Dan, who rushed to the hospital in the nick of time to see the police in my room forcing me to leave.

In the meantime, a nurse came in and said, "Could you please lay down?" I said no, so she started ripping off my EEG feeds while I was sitting up, accidentally pouring acetone in my right eye. She ripped those things right off my scalp—I had blood running down my forehead. The police weren't even going to let me get dressed. They were going to kick me out on the fucking street in my jammies, my robe and my slippers.

"I'm rolling these big ol' fat bomber joints that have hash, kief, wax and multiple strains of cannabis in them. I smoke those every day, then I have an edible at night."

I finally convinced them to let me get dressed. As they walked me out, the security guard said, "People are trying to get medical care here." And I replied, "Excuse me, but so am I! I have the right to the same medical care as anyone else!"

Then, while standing in the lobby waiting for the return of my seizure medicine, I got off a few phone calls to the media. ABC showed up shortly thereafter—in time to catch me having a seizure after coming out of the hospital. They called 911, and I ended up being taken to another hospital, where I refused treatment—after what had just happened, I didn't trust them to do what was in my best medical interest. So they just checked on my seizure and symptoms and let me go.

Now that you're back home, where do you go from here? And how does cannabis continue to help you at this stage in your life?

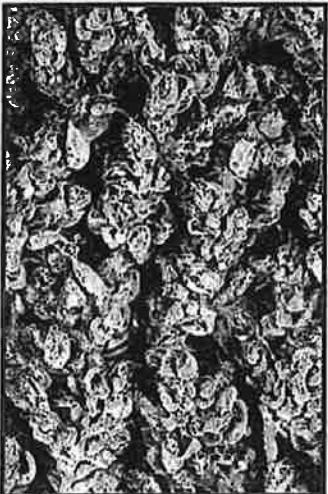
One of the things that I'm really focused on right now—more than anything, in fact—is my quality of life. I'm trying to have as much fun as I can. I don't care how much it hurts. A lot of people expect that when you're dying, you just kind of give up and go *wah-wah-wah*. But not me—I already did my *wah-wah-wah*, and I've dealt with my anger over not having enough time. I'm done with that. Now I'm ready to party—party 'til I drop. Also, I'm going to be a *lola* [grandma] in September 2012, which I'm extremely excited about!

I want to have fun with the time I have left, and cannabis helps me deal with the severe pain and my many other symptoms while maintaining an appetite. Right now, my body is shutting down for the most part, so I need a lot more to help me eat and manage the monster headaches. I'm rolling these big ol' fat bomber joints that have hash, kief, wax and multiple strains of cannabis in them. I smoke those every day, then I have an edible at night.

The cannabis really helps me a lot, pain-wise. It's helping my seizures, though it obviously doesn't stop them. And it *definitely* helps me with coping. *

Send your support to Angel at angeljustice.org

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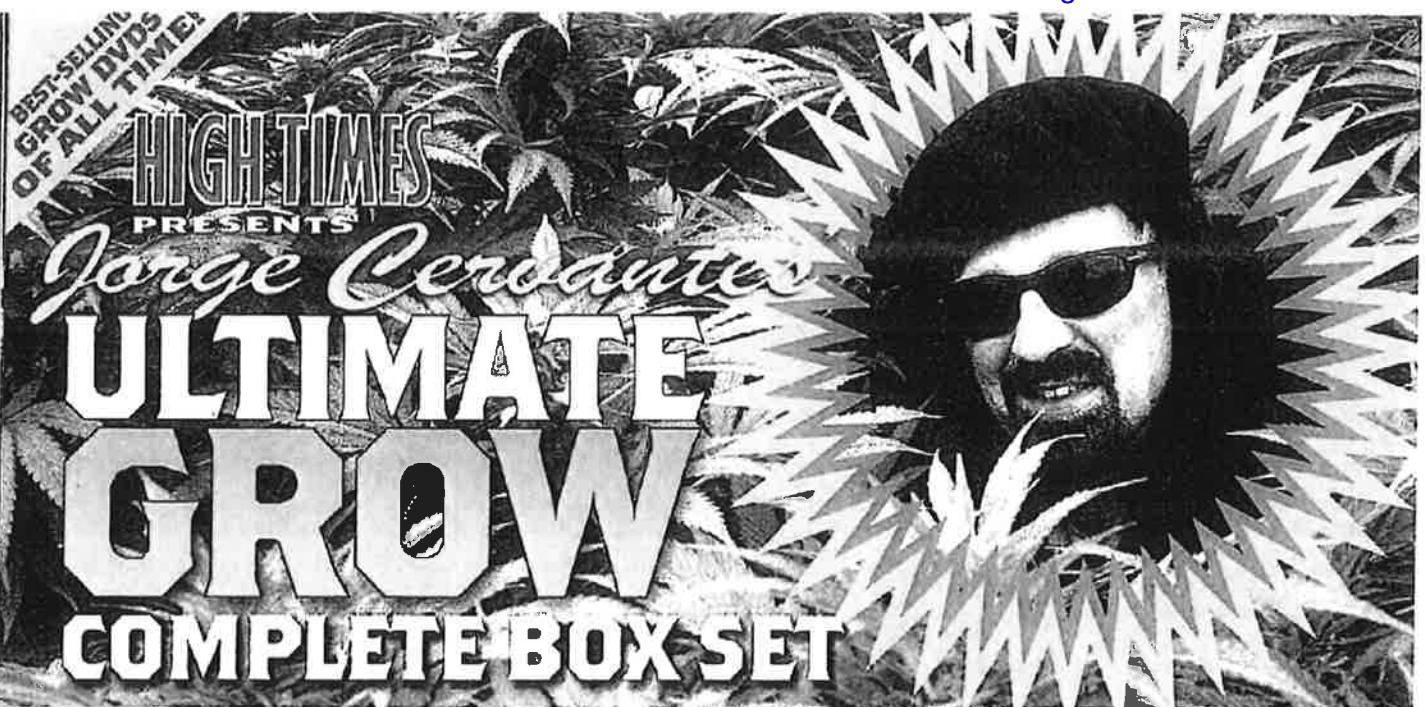
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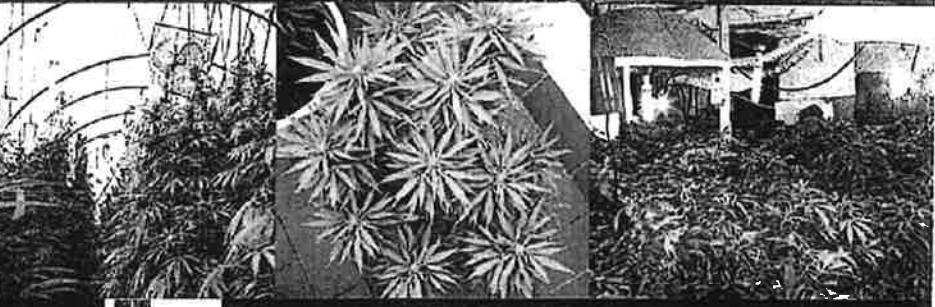
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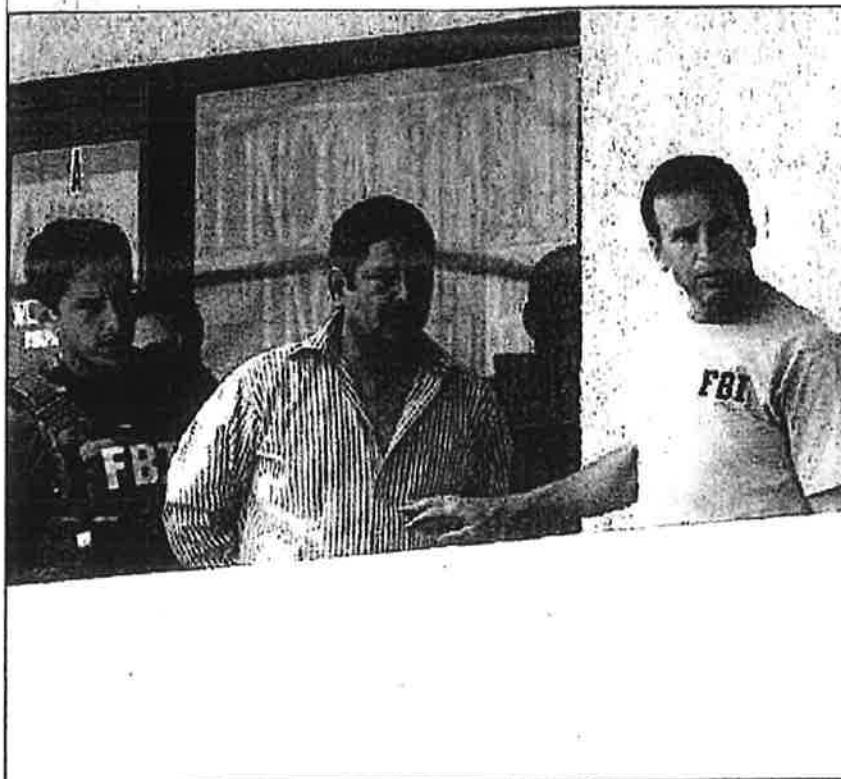
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Southern California

REGIONAL NEWS

The mayor of Cudahy, CA steps down from office with a little help from the FBI.



Dank Corruption

The mayor and two top officials in Cudahy, CA, are charged with taking bribes to lift their city's medical marijuana dispensary ban.

Located just 10 miles from Los Angeles, the city of Cudahy (with a population of less than 25,000) has never permitted medical-cannabis dispensaries to open within city limits. But all that was destined to change—or so it seemed to Mayor David Silva, City Manager Angel Perales and City Councilman Osvaldo Conde, right up until all three were arrested on June 22 by agents of the Department of Justice as part of a wide-ranging sting operation against local corruption.

Accused, among other crimes, of accepting bribes totaling \$17,000 from an undercover FBI informant in exchange for promising to lift Cudahy's moratorium and clear the way for opening a dispensary in the city, the three former officials now face serious federal charges. According to an affidavit filed by the government—which also included

wiretap transcripts of the negotiations—the FBI's informant met with the three city officials numerous times to discuss the terms of the alleged transaction, including once inside a nightclub, where Councilman Conde (described as the leader of the group) arrived with two armed bodyguards later identified as city employees.

"The informant had been instructed that he should expect to make multiple payments," according to Assistant US Attorney Joseph Akrotirianakis. "He would make one payment in order to have the matter considered, another to have it acted upon, and he should also be expected to come around at Christmas."

The city is currently considering extending its medical marijuana dispensary ban for another year. Perhaps it should consider imposing a ban on blatant crooks in high office instead.

TOMMY CHONG: "I'M TREATING MY CANCER WITH CANNABIS."

Comedian Tommy Chong, one-half of the beloved stoner dynamic duo Cheech & Chong, has been part of America's great ganja debate since first achieving stardom in the 1970s for his highly acclaimed portrayals of a pot-addled, kind-hearted cannabis clown—a "roll" he made famous both onstage and in feature films. Seen by some as a walking stoner stereotype, and by others as a clever parody of those same stereotypes, Chong would continue to provide his signature style of comic relief for decades, to the delight of a global marijuana community that eagerly embraced him as one of its own.

Since serving nine months in prison in 2003 for selling marijuana paraphernalia

across state lines, Chong has also become a serious and outspoken advocate for pot legalization, using his celebrity status and quick wit to challenge the media to take a much more critical look at the many negative effects of the War on Marijuana.

And now he's adding medical cannabis patient and pioneer to his résumé. "I've got prostate cancer, and I'm treating it with hemp oil, with cannabis," Chong, 74, told CNN in June. "So [legalizing marijuana] means a lot more to me than just being able to smoke a joint without being arrested."

Our best wishes go out to this long-time friend of *High Times* for a speedy recovery and many more years of hilarious high-jinks.



Southern California

MEDICAL MARIJUANA,
STATE BY STATE

ALASKA (1998)

MED-POT LAW: Ballot Measure 8
PLANT LIMIT: 1 oz. usable, 6 plants
(3 mature, 3 immature)

HOW TO REGISTER:

Patients must obtain an identification card from the Alaska Bureau of Vital Statistics' Marijuana Registry. Application requires a fee of \$25 and a signed statement from the patient's physician that addresses the patient's condition, states that the physician has personally examined the patient, and details how the physician came to the conclusion that medical marijuana was justified. Patients must have a "debilitating medical condition."

ARIZONA (2010)

MED-POT LAW: Proposition 203
PLANT LIMIT: Up to 12 plants indoors
(unless within 25 miles of a dispensary)

HOW TO REGISTER:

Patients must obtain a valid doctor's recommendation for an approved medical condition, which allows them to possess 2.5 ounces of cannabis, or buy that much from a state approved dispensary in a 14-day period. At press time, the Arizona Department of Health was placing a lottery to award 126 dispensary licenses (see page 80). More info: www.azdhs.gov/medicalmarijuana

CALIFORNIA (1996)

MED-POT LAW: Prop 215

DISPENSARIES: YES

PLANT LIMIT: 8 oz. usable, 4 mature or 12 immature

HOW TO REGISTER:

ID cards are not required, but they are recommended and can cost up to \$66. Contact your county and provide proof of residency and written documentation of a "serious medical condition" that includes the name, office address and telephone number, and California medical license number of your attending physician.

COLORADO (2000)

MED-POT LAW: Ballot Amendment 2B

DISPENSARIES: YES

PLANT LIMIT: 2 oz. usable, 6 plants (3 mature, 3 immature)

HOW TO REGISTER:

Patients must obtain a Medical Marijuana Registry ID card from the Colorado Department of Public Health and the Environment. Application requires a copy of your Colorado driver's license or ID card, a \$30 application fee, and a certification form completed and signed by a doctor licensed to work in Colorado confirming a "debilitating medical condition."

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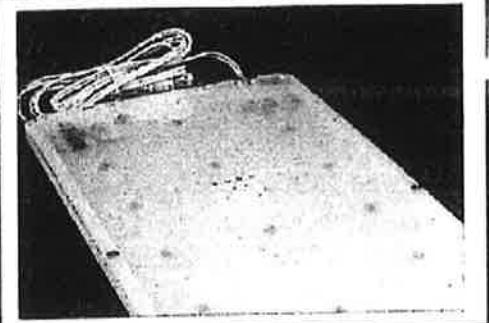
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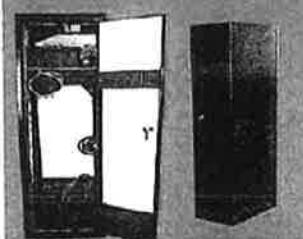


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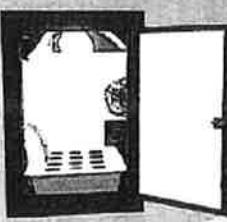


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Northern California

REGIONAL NEWS

NOT SO FAST!

Tom Ammiano's medical marijuana regulation bill takes an abrupt detour on the way to (possibly) becoming law.

When Assembly Bill 2312 passed the California State Assembly in Sacramento by a vote of 41-28 this June, medical cannabis advocates cited the victory as a historic step on the way to finally implementing the uniform regulation of medical marijuana in the first state to legalize it.

AB 2312 was originally conceived as a ballot initiative, backed by Americans for Safe Access and the United Food Workers Union. When their joint effort to put that initiative on the ballot proved insufficient, Assemblyman Tom Ammiano (D-San Francisco) agreed to sponsor it as a bill in the Legislature. But after successfully pushing it through the Assembly, he quickly pulled the bill from consideration before it reached the State Senate, presumably due to the last-minute addition of restrictive amendments.

As originally written, AB 2312 would have created a Bureau of Medical Marijuana Enforcement, required state licensing for all dispensaries, and allowed additional local taxes on medical marijuana up to 2 percent (in addition to existing sales taxes). Shortly before passage, however, anti-marijuana members of the Assembly added provisions setting a standard of one dispensary per every 50,000 people, and allowing local governments to ban them outright.

"Many good bills take more than a year to pass," Don Duncan, ASA's California director, wrote to members of the organization in the wake of Ammiano's move to temporarily shelve the bill. "We need to make sure that taxation, if necessary, is limited; and we have to make it difficult for cities and counties to ban patients' associations outright."



Small-scale medical cannabis gardens like this one were saved by dedicated marijuana activists and concerned local citizens.

Butte Out!

Voters in Butte County reject a highly restrictive medical marijuana ordinance.

When legislators in rural Butte County, CA, passed a measure last year to ban medical marijuana cultivation entirely on all properties one-half acre or smaller, while also severely limiting plant numbers on larger properties, they almost certainly assumed that they'd have the last word on the matter. Fortunately, this story has a far greener ending.

First, local medical marijuana patients and supporters banded together to collect the 12,000 signatures required to stop implementation of the new law pending a countywide vote. Then they took their concerns directly to the people with a public education campaign in favor of voting down the new law in order to replace it with a set of fairer, common-sense regulations. On election night, more than 55 percent of the electorate agreed with that plan, scuttling the existing measure and sending county officials back to square one.

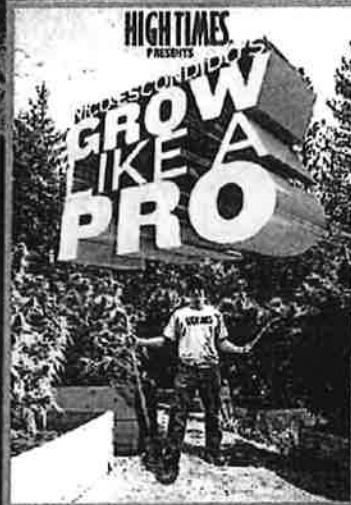
"It was an interesting Tuesday last week," admitted Paul Hahn, Butte County's chief administrative officer, speaking to the Board of Supervisors during its first regular meeting following the defeat of the controversial medical marijuana restrictions. "We [now] have no ordinance."

While county administrators remain free to pass a new one, it must be "significantly different" from the ordinance just rejected at the ballot box. Local supervisors have since vowed to work with medical marijuana growers when crafting any new version of the law. *

"It was an interesting Tuesday last week," admitted Paul Hahn, Butte County's chief administrative officer. "We [now] have no ordinance."

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Northern California

MEDICAL MARIJUANA,
STATE BY STATE

DELAWARE (2011)

MED-POT LAW: Senate Bill 17

PLANT LIMIT: No self-cultivation
HOW TO REGISTER: Qualified patients registered with the Department of Health and Social Services will be issued an ID card allowing them to buy up to three ounces of marijuana every two weeks, and to possess up to six ounces at any one time. The law calls for the opening of three not-for-profit compassion centers, one in each county, by the beginning of 2013.

HAWAII (2000)

MED-POT LAW: Senate Bill 542

PLANT LIMIT: 3 oz. usable, 7 plants (3 mature, 4 immature)

HOW TO REGISTER: Patients must register with the Department of Public Safety. Application requires your Hawaii driver's license or ID card, a non-refundable \$25 fee, and a physician's written certification confirming a "debilitating medical condition." The physician must register the patient with the Department of Public Safety, which will issue a registration certificate.

MAINE (1999)

MED-POT LAW: Ballot Question 2

DISPENSARIES: YES

PLANT LIMIT: 1.25 oz. usable, 4 plants (3 mature, 3 immature)

HOW TO REGISTER: Maine offers a voluntary registration process. A patient may possess a usable amount of marijuana for medical use if, at the time of that possession, the person has available an authenticated copy of a medical record or other written documentation from a physician. The patient must have a "debilitating or chronic medical condition," and the physician must have a "bona fide physician-patient relationship with the person."

MARYLAND (2003)

MED-POT LAW: Senate Bill 612

HOW TO REGISTER:

Maryland allows an affirmative defense in court for medical marijuana patients in possession of less than an ounce of cannabis, but offers them no other legalizations or formal protections. Beyond a doctor's recommendation, the state has no registration process, no identification card, and no list of eligible medical conditions. Some activist organizations do not even list MD among their medical marijuana states.



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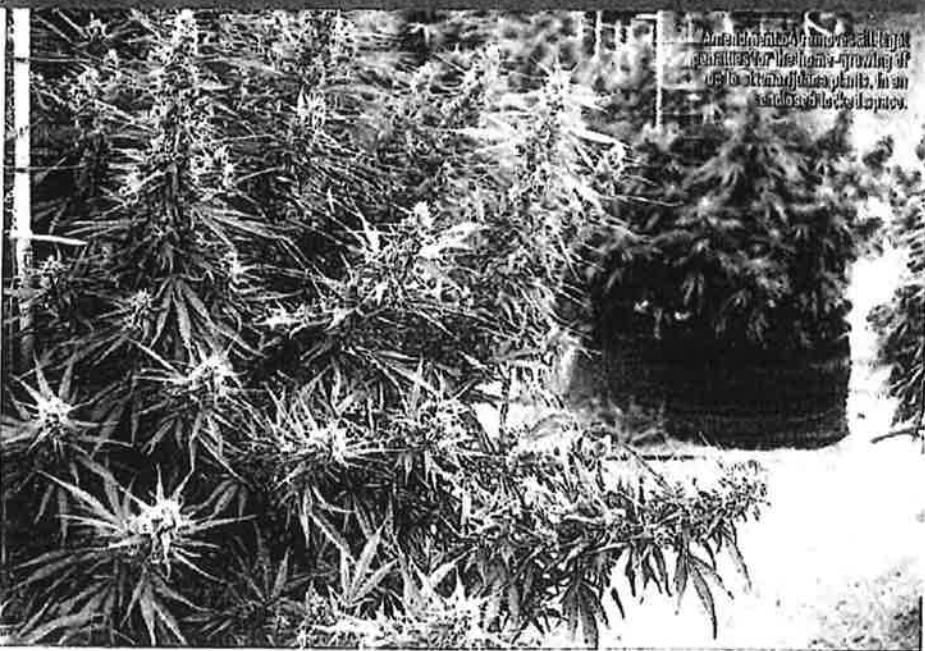
Colorado's Supreme Court affirms a ruling that medical marijuana patients have no constitutional right to use their medicine.

Jason Benoir was fired in February 2010 from his job in Denver as a 16th Street Mall street-sweeper after testing positive for marijuana on a random drug test mandated by his employer—even though he's a legal medical marijuana patient in Colorado and wasn't impaired during working hours. Even worse, he was later denied unemployment benefits solely on the basis of that single drug test result.

Benoir responded by suing the company that fired him. Last August, the Colorado Court of Appeals decided against him in a ruling that cited his employer's "zero tolerance" policy as the reason his job could be terminated with cause, which also meant he could be denied unemployment benefits. That ruling further stated that Amendment 20—Colorado's medical marijuana law—does not create a "right" to use cannabis as a medicine, even for state-legal patients, but merely provides a set of exemptions from criminal prosecution.

"It does not create a constitutional right to consume marijuana," State Attorney General John Suthers said in the wake of the Court of Appeals decision. "The advocates, I think, have missed that over time."

Benoir promptly moved to have his case heard by Colorado's Supreme Court, but this June, the state's highest court declined to do so, in effect affirming the lower court's decision. As it stands now, the decision means that medical marijuana patients remain vulnerable not just at work, but also when applying for gun permits, living in public housing, or facing a loss of custody of their children in child-welfare cases.



Legalize It, Once and For All

If Colorado voters approve pot legalization this November, patients will benefit—along with everyone else.

This November, Colorado voters will decide on Amendment 64, the Regulate Marijuana Like Alcohol Act, which, if passed, will legalize possession of at least one ounce of marijuana for all adults in Colorado, allow them to grow at least six plants at home, and compel the state government to develop a regulatory system for commercial growers and distributors—all without affecting Colorado's current "seed to sales" medical cannabis system for patients and providers. Though the success of marijuana measures at the ballot box is typically difficult to predict, a recent Rasmussen poll showed support for marijuana legalization at higher than 60 percent among likely voters in the Rocky Mountain State.

According to the text of the initiative, nothing in the new law "shall be construed: (a) to limit any privileges or rights of a medical marijuana patient, primary caregiver, or licensed entity as provided in section 14 of this article and the Colorado Medical Marijuana Code; (b) to permit a Medical Marijuana Center to distribute marijuana to a person who is not a medical marijuana patient; (c) to permit a Medical Marijuana Center to purchase marijuana or marijuana products in a manner or from a source not authorized under the Colorado Medical Marijuana Code; (d) to permit any Medical Marijuana Center licensed pursuant to section 14 of this article and the Colorado Medical Marijuana Code to operate on the same premises as a retail marijuana store; or (e) to discharge the department, the Colorado Board of Health, or the Colorado Department of Public Health and Environment from their statutory and constitutional duties to regulate medical marijuana pursuant to section 14 of this article and the Colorado Medical Marijuana Code."

In layman's terms, this means that if Amendment 64 passes, Colorado's medical marijuana law will remain in place alongside a new system of distribution available to all persons 21 and older. For patients, this outcome provides the best of both worlds, maintaining their existing rights at the same time that legalization provides myriad new options for them to find safe access to their medicine. For more information, visit regulatemarijuana.org. *

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CHRONICLE BOOKS



Colorado

MEDICAL MARIJUANA,
STATE BY STATE

MICHIGAN (2008)

MED-POT LAW: Proposal 1
PLANT LIMIT: 2.5 oz. usable, 12 plants
HOW TO REGISTER: Patients must obtain a registry identification card from the Michigan Department of Community Health. Application requires information about the patient and the patient's physician and a signed document from the physician stating the patient's "debilitating medical condition."

MONTANA (2004)

MED-POT LAW: Initiative 148
PLANT LIMIT: 1 oz. usable, 6 plants
HOW TO REGISTER: Patients must register with the Quality Assurance Division of the Department of Public Health and Human Services. For the latest information on attempts to change/repeal Montana's medical marijuana law, visit: dphs.mt.gov/medicalmarijuana

NEVADA (2000)

MED-POT LAW: Ballot Question 9
PLANT LIMIT: 1 oz. usable, 7 plants (3 mature, 4 immature)

HOW TO REGISTER: Patients must obtain a registry identification card from the Nevada State Health Division. Applicants must include proof that the patient is a resident of Nevada, written documentation from a physician of the patient's "chronic or debilitating medical condition," and a \$50 application fee. Upon approval, there is an additional \$150 registration fee.

NEW MEXICO (2007)

MED-POT LAW: Senate Bill 523

DISPENSARIES: YES

PLANT LIMIT: 6 oz. usable, 16 plants (4 mature, 12 immature)

HOW TO REGISTER: Patients must obtain a registry identification card from the Department of Health. Applicants must include proof of New Mexico residency and written documentation from the patient's practitioner of a "debilitating medical condition." There are no fees in place at this time.

NEW JERSEY (2010)

MED-POT LAW: S-119

PLANT LIMIT: No self-cultivation

HOW TO REGISTER: At press time, regulations were still being finalized. For more information, go to [state.nj.us/health/med_marijuana.shtml](http://www.state.nj.us/health/med_marijuana.shtml)

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Points Beyond

REGIONAL NEWS

Alabama, Hawaii, Idaho, Minnesota, Michigan, Montana, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, Washington & D.C.

MASS APPROVAL

A majority of Massachusetts voters support medical marijuana in advance of this November's election.

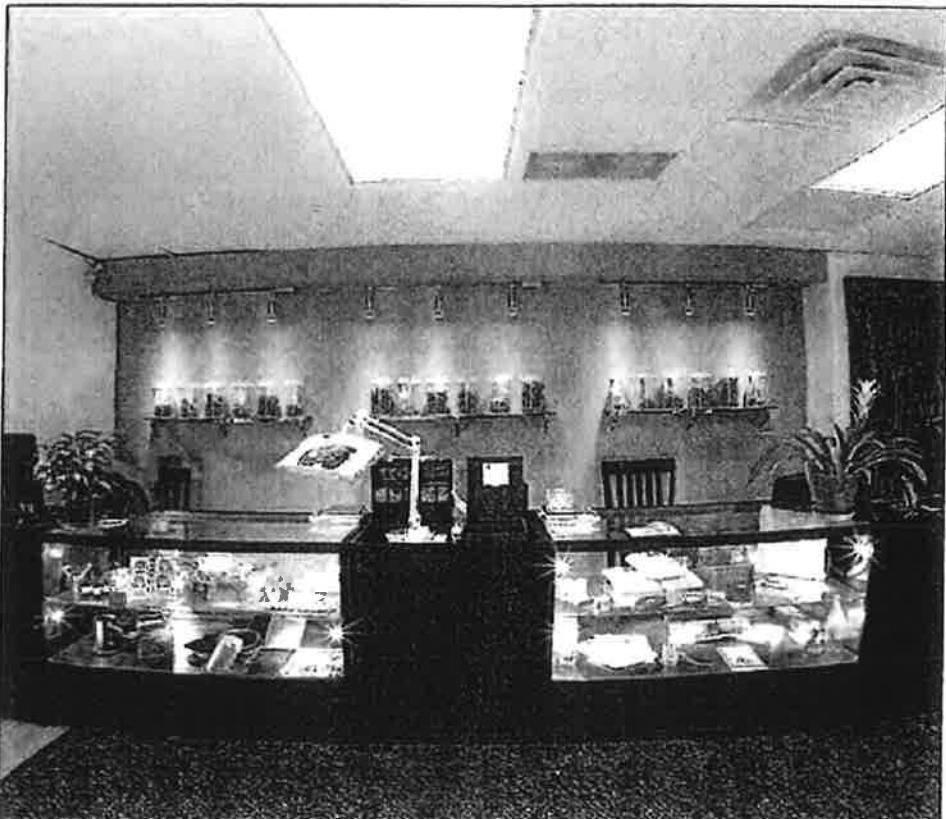
If a proposed voter initiative to legalize medical marijuana in Massachusetts (including a system of licensed dispensaries) makes it onto the ballot this November—and all indications are that it will—citizens of the Bay

The new law would permit approved patients "a 60-day supply of medical marijuana" and task the Department of Public Health with issuing registrations for up to 35 nonprofit medical marijuana treatment centers.

State will at last have a chance to bring safe access to one of America's most progressive areas. And with a recent survey by Public Policy Polling showing that 53 percent of Massachusetts voters support medical marijuana and only 35 percent remain opposed (with 11 percent undecided), prospects for the initiative's passage look very promising.

The new law would permit approved patients "a 60-day supply of medical marijuana" and task the Department of Public Health with issuing registrations for up to 35 nonprofit medical marijuana treatment centers—at least one (but no more than five) in any given county. The initiative also allows home cultivation for qualified patients whose access to a treatment center is limited by verified financial hardship, a physical inability to use transportation, or the absence of one within a reasonable distance. For more info, visit masspatients.org.

Emotions will run high when the Arizona Department of Health draws ping pong balls to determine who can open a medical cannabis dispensary in the state.



The Marijuana Lottery

Arizona will soon award 126 licenses for medical cannabis dispensaries, with the winners announced via a live random drawing on the Internet.

After more than a year of legal wrangling, including an unsuccessful federal lawsuit filed by the governor attempting to block parts of the state's medical marijuana law, Arizona's Health Services Department director, Will Humble, finally announced in April that his office would begin accepting applications to open state-regulated medical cannabis dispensaries. In June, Humble confirmed that 486 applications had come in, vying for a total of just 126 available certificates—one for each of Arizona's Community Health Analysis Areas (CHAAAs).

According to the highly informative Arizona Department of Health Services Director's Blog (directorsblog.health.azdhs.gov), 75 of the state's CHAAAs attracted more than one application, while 27 drew none at all. Assuming every applicant meets the department's basic standards, the certificates will be awarded during a live Internet lottery.

"We'll be using a device that blows balls inside of a clear cage to randomly select the successful applicant in each CHAA," Humble wrote on his blog. "Applicants will be assigned a random code in advance, and the person with the code that matches the ball that blows into the chamber will be allocated a Registration Certificate. We'll repeat this process for each of the competitive CHAAAs ... The Act doesn't allow us to identify the successful applicants by name or even business name publicly—so the live announcement will be made using the code that only the applicants will have. Each applicant will receive their unique identifier electronically so they'll know whether they won their CHAA drawing via the webcast. The Certificates will be mailed later that day."

Perhaps, back in high school, you read a classic short story by Shirley Jackson, in which the winner of a local lottery ends up getting stoned to death by the entire town. Arizona's medical marijuana dispensary lottery should prove to be no less exciting—but with a much happier ending! *

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Points Beyond

MEDICAL MARIJUANA,
STATE BY STATE

OREGON (1998)

MED-POT LAW: Ballot Measure 67
PLANT LIMIT: 24 oz. usable, 24 plants
(6 mature, 18 immature)

HOW TO REGISTER: Patients must register with the Oregon Medical Marijuana Program, part of the State Department of Human Services' Public Health Division. Application requires an Oregon driver's license or ID, a written statement from the patient's physician confirming a "debilitating medical condition," and a \$150 fee (or a \$50 fee if the patient is part of the Oregon Health Plan).

RHODE ISLAND (2006)

MED-POT LAW: Senate Bill 0718

PLANT LIMIT: 2.5 oz. usable, 12 plants

HOW TO REGISTER: Patients must obtain a registry identification card from the Department of Health. Application requires a Rhode Island driver's license or ID, written documentation from a physician of a "debilitating medical condition," and a \$75 registration fee. If you have a medical marijuana registry ID card from any other state, you may use it with the same force and effect as a card issued by the Rhode Island Department of Health.

VERMONT (2004)

MED-POT LAW: Senate Bill 74, House Bill 645

PLANT LIMIT: 2 oz. usable, 9 plants
(2 mature, 7 immature)

HOW TO REGISTER: Patients must register with the Department of Public Safety. Application requires a Vermont driver's license or ID, written documentation from a physician of a "debilitating medical condition," and a \$50 registration fee.

WASHINGTON (1998)

MED-POT LAW: Initiative 592

PLANT LIMIT: 24 oz. usable, 15 plants

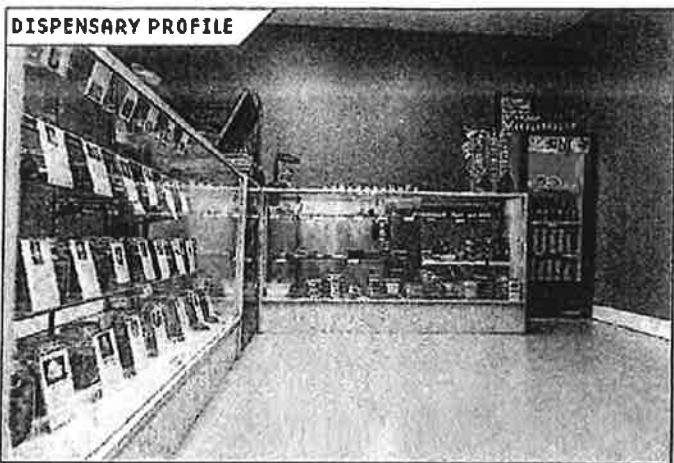
HOW TO REGISTER: Washington offers no formal registration process. Legal patients must have a Washington driver's license or ID and a formal statement signed by a physician licensed in Washington documenting a "terminal or debilitating medical condition."

WASHINGTON, DC (2010)

MED-POT LAW: Initiative 59

STATUS: Although medical marijuana was overwhelmingly approved by Washington, DC voters more than ten years ago, the US Congress (which has direct control over the city's budget) indefinitely blocked its implementation at that time. In December 2009, Congress finally passed a DC appropriations bill without a ban on I-592, paving the way for a DC City Council debate on how to implement the law that continues as of press time.

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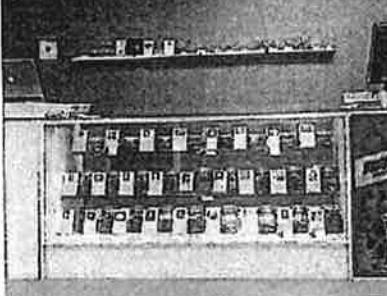
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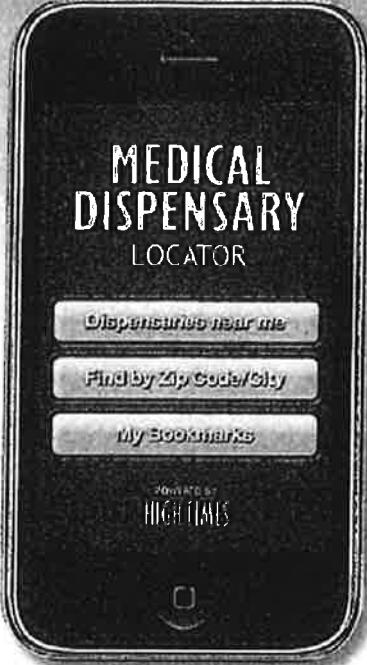


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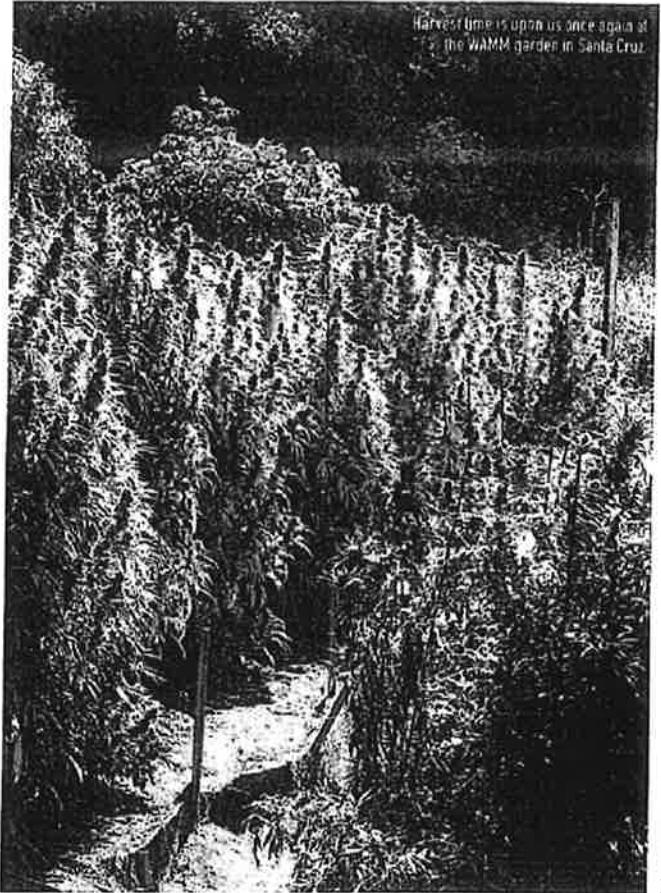


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In each quarterly issue of *High Times Medical Marijuana*, our top-notch team of writers, editors, researchers, photographers, growers, breeders and activists journeys far into the field to bring you the most astounding stories found anywhere in the world of cannabis. You'll read amazing tales of healing, meet true heroes of the medical marijuana movement, absorb the latest science in a meaningful way, learn all about the hottest new strains—and much more!

As America and the world slowly but surely begin to recognize the true importance of creating cannabis freedom for one and all, the responsibility of spreading the word about all of the wonderful properties of pot will largely rest on the shoulders those of us who know the truth about marijuana, and refuse to remain silent. By helping to educate our readers on this most highly important subject, we hope to do our own small part in pushing this conversation forward—with your help, of course. So if there's a subject of concern that you'd like to read more about, please don't hesitate to email our editor: bean@hightimes.com.

In the meantime, we'll keep working overtime to make sure that no pot leaf goes unturned in our never-ending quest to bring you inside the world of medical marijuana. And we most assuredly plan to keep on having a high time doing it!

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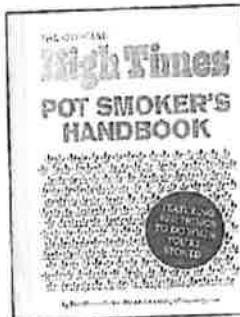


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